## 10/578975

EXPRESS MAIL NO.: EV734505979US

#### **APPLICATION DATA SHEET**

# AP20R2SEFETATO 10 MAY 2006

#### **Application Information**

Application number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title ::	METHOD FOR THE ANALYSIS OF GYNECOLOGICAL CELL PROLIFERATIVE DISORDERS
Attorney Docket Number::	47675-191
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	28
Small Entity?::	Yes
Petition included?::	No
Petition Type::	
Licensed U.S. Gov't Agency::	No

Contract or Grant No::

Secrecy Order in Parent Appl.?::

No

## First Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	AT
Status::	Full capacity
Given Name::	Martin
Middle Name::	
Family Name::	Widschwendter
Name Suffix::	
City of Residence::	Mieming
State or Province of Residence::	
Country of Residence::	AT
Street of mailing address::	Weidach 35
City of mailing address::	Mieming
State or Province of mailing address::	
Country of mailing address::	AT
Postal or Zip Code of mailing address::	6414
Second Applicant Information	
Applicant Authority Type::	
Primary Citizenship Country::	
Status::	
Given Name::	
Middle Name::	
Family Name::	
Name Suffix::	
City of Residence::	
State or Province of Residence	

Country of Residence::
Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::
Third Applicant Information
Applicant Authority Type::
Primary Citizenship Country::
Status::
Given Name::
Middle Name::
Family Name::
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::

### **Fourth Applicant Information**

Applicant Authority Type::	
Primary Citizenship Country::	
Status::	
Given Name::	
Middle Name::	
Family Name::	
Name Suffix::	
City of Residence::	
State or Province of Residence::	
Country of Residence::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	
Correspondence Information	
Correspondence Customer Number:: Name::	22504
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	
Phone number::	206-628-7621
Fax Number:	206-628-7699

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#### barrydavison@dwt.com

#### **Representative Information**

Representative Customer Number::	22504
Trepresentative Customer Number	22007

#### **Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National stage of	PCT/EP2004/012740	11/10/04

#### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
EP	03025739.8	11/10/03	Yes

#### **Assignee Information**

Assignee name::	
Street of mailing address::	
City of mailing address::	·
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	